

Summary of Case

This narrative describes a nurse who shares a meaningful experience from the front lines of emergency nursing and who identifies sepsis.

Briefing: Instructions on how to introduce the narrative

Prepare your learners by giving these instructions:

1. This narrative is from an emergency department nurse illustrating compassion, holistic care, teamwork, and clinical reasoning.
2. Take out the Nine Clinical Work-Role Competencies and refresh yourself on the clinical practice of nursing.
3. Please take note of what stands out to you about how this nurse coordinates with multiple disciplines and cares for and about the patient and family members.

Play the narrative. Consider giving learners a written copy of the narrative who do best with reading.

Debriefing: Situation Coaching Questions Using the Tanner Model of Clinical Judgment

Usually, we start the Tanner Model of Clinical Judgment with the Context, Background, and Relationship. In this narrative, we will end with Context, Background, and Relationship.

Noticing

- What did the nurse notice in this situation?

Interpreting

- What questions do you need to ask or assessments do you need to complete to better understand the situation?

Responding

- In this narrative, the patient is transported to imaging for further workup. What do you expect the typical interventions to be?

Reflecting

- What did you learn about communication and collaborating with the interprofessional team from this clinical situation?

Context, Background, Relationship

- Compare and discuss the key characteristics of clinical manifestations in this patient's presentation with other patient(s) you have cared for with pneumonia and sepsis diagnoses?

Which clinical work-role competencies were most prevalent & what did he do to lead you to that interpretation?

1. Diagnosing and managing clinical conditions (Primary)
 - a. Noticed respiratory distress, altered mental status, abnormal vital signs, and general weakness
 - b. Complete the sepsis screening tool.
2. Skilled know-how of managing a crisis (Primary)
 - a. Initiated the Sepsis Protocol
 - b. Worked with the unit team, lab tech, and radiology.
3. Caring about patients, families, communities, and self (Primary)
 - a. Noticed when the patient and family showed fear and anxiety, and reassured them. Explained that and about the clinical situation, even in the midst of a crisis. Supported notions of the good.
4. Making the case: Communicating clinical assessments and improving teamwork (Primary)
 - a. Communicated with the emergency department team to seek additional help with enabling skills and to coordinate institutional strategies.

Episode 4- Greg Shiffman: Teamwork Supporting the Notions of the Good

5. Decision-making and caring in advanced illness, loss, and end-of-life (Primary)
 - a. Provided transparent communication between the patient, family, and healthcare team and made decisions to ensure the best possible health outcomes.

Formative evaluations

In each of your learners, rate them on the following scale to determine how they did in this narrative:

Dimension	Needs Improvement 0	Fair 1	Good 2	Excellent 3

Systems-Based Curriculum

If your program is based on systems, you can consider using this narrative for the following systems and pathophysiology:

- Cardiovascular system: Tachycardia, hypotension
- Neurologic system: Altered mental status
- Respiratory system: Shortness of breath
- Urinary system: Urinary tract infection
- Muscular system: General weakness
- Integumentary system: Febrile

Concept-Based Curriculum

If your program is based on concepts, you can consider using this narrative for the following concepts:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Functional ability • Oxygenation • Circulation • Perfusion • Infection | <ul style="list-style-type: none"> • Mentation • Sensory perception • Anxiety • Communication |
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Alignment to AACN Sub-competencies

- 1.3a: Demonstrate clinical reasoning-
 - He recognized how to care for this patient across time and transitions as the case was unfolding
- 2.1a: Demonstrate qualities of empathy
 - When Greg noticed that the patient and family were concerned, he provided comfort and reassurance
- 2.3e: Distinguish between normal and abnormal health findings
 - Greg noticed that the patient likely did not demonstrate normal vital signs and assessment, but rather exhibited symptoms of sepsis.
- 2.5a: Engage the individual and the team in plan development
 - Greg coordinated with multiple disciplines
- 2.5d: Incorporate evidence-based intervention to improve outcomes and safety
 - Greg followed the evidence-based sepsis protocol in the presence of vital signs, mental, and respiratory changes
- 5.1j: Use national safety resources to lead team-based change initiatives.

- Greg initiated the Sepsis Protocol
- 6.3b: Leverage roles and abilities of team members to optimize care
 - Greg delegated to the team to develop a comprehensive plan of care.